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THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL.

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# The California Eclectic Medical Journal

Vol III

JULY, 1910.

No. 7

## Original Contributions

### PRESIDENT'S ADDRESS.

Q. A. R. Holton, M.D., Whittier, Cal.

Read before the Southern California Eclectic Medical Association.

Another year has slipped by since we met down by the sea and were so generously entertained by our well known brethren, Perce and Harvey, those fortunate dwellers in that great and only "Long Beach."

The past year has brought to each of us no doubt a measure of success and failure, of joy and sorrow, of hopes realized and disappointments endured. These are now all in the past. They are behind us and are powerless to do us further harm. But from each we may draw useful lessons to stimulate to more and better work in the future and to fortify against mistakes and failure. So that the past whether fraught with success or failure, joy or sorrow, aspirations realized or hopes deferred, all is now our heritage and we face the future full of optimism.

Just now upon the Eclectics of Southern California more than upon any other group rests the burden and fate of Pacific Coast Eclecticism. Not that we are more capable than others, nor more worthy because of more labor or past achievements than others. For, we remember that before there was an Eclectic Society in Southern California our brethren in San Francisco and the north had built up a college, organized a state society, forged their way into the halls of legislation, demanded and obtained the recognition of the rights of every Eclectic in the great state of California. We of the South as well as all the rest of the Pacific slope owe these stalwart men a debt of gratitude we shall not soon liquidate. But while still laboring and planning for the future growth and successs of their institution and through it the growth of Eclecticism on the coast, suddenly without a moment's warning the great disaster was upon them and when quake and fire had finished their fiendish frolic; when the firefly tongues of flame had licked up in diabolical glee the last remnant of the labors of years; then these men turned their faces towards the south and reluctantly but with heroic fortitude they turned over to their brethren of the south the home-

less child of their love—The California Eclectic Medical College. So, I repeat, upon the group of Eclectics of which Los Angeles is the center to a large degree rests the future fate of Eclecticism of the Pacific Coast. My brethren, do we fully realize the gravity of the situation? How shall we most successfully nurture this fair child of the Golden Gate. For, upon her growth and development depends largely the future standing and success of our cause on this side of the Rocky Mountains. Whose hand shall first smite her blushing cheek? Surely none in the house of her friends. Whose tongue shall first foully slander her fair name? Surely none who love the cause for which she stands.

Los Angeles is to be a great metropolis. Watered as she soon will be by a river of pure melted snow from the summit of Mt. Whitney; blessed with all the elements necessary to great growth, abundance of pure water, warm fertile soil, matchless climate and enterprising citizens. Destiny has marked her for greatness. Thousands and tens of thousands of the best and most prosperous people of the storm swept east are looking with longing eyes to this sun-kissed land. And they are coming. It is only a question of a few years until fruits and flowers and eden bowers and happy homes shall fill every sunny vale and breezy mesa from the mountains to the sea. We now number our population by the thousands. We shall ere long number them by the millions. Great institutions of learning, of science and of art will develop out of our present schools and colleges. Other great institutions will grow up by their sides and Los Angeles will become the center of a vast erudite population extending from the rugged Tehachapi to the mild and mellow vistas of San Diego.

What part shall our society, our school and our men take in this oncoming growth? Right before us lies vast opportunities. The hour of action is at hand. Will we mount and do battle on the crest of the incoming tide or shall we sink and be cast out as flotsam and jetsam to be gathered up by the would-be wreckers of our school.

We have a glorious past and point with justifiable pride to the victories won by the Fathers of Eclecticism. The American people and to a considerable extent those of Europe are today reaping the benefits of the great reform in medicine which was championed and fought to a successful finish by the early Eclectics. Calomel is no longer King and venesection lies buried forever. But these laurels will not answer the latter day demands. Specific Medication was a great stride forward, but achievements along that line are not complete. There are vast fields for research yet to be harvested and the laborers are few. Then there are the many tributary branches of the great medi-

cal whole which have sprung into public notice and favor of late, each making claims to healing power. Osteopathy, suggestion (on which the Emanuel movement is based) and each must be studied and their virtues and limitations ascertained and whatever is found to be efficient and of value should be engrafted and become a part of the great system of Eclecticism. Even Christian Science and its kindred ilk are not without their valuable grains of gold among their heaps of rubbish. These should be garnered. If they can teach us how to cure people who are not sick but think they are let us learn, for this very phase is sometimes very perplexing.

Then there is animal therapy. A system of cure foisted upon a gullible fraction of the profession to enable the great meat trust to work off the by-products of their slaughter houses at a great profit. Our Allopathic brethren chiefly are working this field. Let us look on but keep a clothes pin tight on our noses.

There are also the serums and anti-toxins (the latter better described if the prefix was left off). These too are favorite fields of investigation by the dominant school and they have recorded many, many brilliant failures. We are not ready to say they have all been such, but none of them are beyond the stage of experiment. It is a fascinating field and has been entered by many of all schools. It affords tempting opportunities for ambitious ones to exploit their superior scientific acquirements, as well as to acquire fame by some brilliant discovery. I would not discourage investigation and experiment in this field. Let any whose talent and bent inclines them in that direction go in and all shall welcome any new discoveries in this field which will make good—to-wit, conserve the vital forces and help to save life but, remember, these serums and anti-toxins are a two edged sword and he who enters the sacred domain of human life with one in his hand should tread with cautious step and thrust only where older and better known means have already failed. Many lives have already been sacrificed on this altar and the many brilliant cures reported largely in the public press which have served to exploit these agents in the estimation of the public and has made fortunes for the manufacturers may yet prove an ignis fatuus and sero-toxin medication pass, as mercurialization passed, as venesection passed, as alcoholics passed and as many other noted cure-alls have passed. I lay no claim to expert knowledge either scientific or prophetic, but I expect to see the downfall of the whole system of sero-toxin treatment.

We shall not have done all the hour and the opportunity demands till we have with every resource at our command aided in the building up in Los Angeles of a medical school second to

none. A school thoroughly equipped to teach every tried and proven branch of the healing art, and which shall send forth its graduates better qualified to grapple with disease than any other institution on this coast. This is the goal for which we should strive. Having builded up such a school it will become our duty to see to it that this fact is known in every city and town and every high school and college from Seattle to San Diego. How shall these things be accomplished? There is scarcely a limit to what one strong man may accomplish if he *wills* strong enough and long enough. Multiply what one man may do by the number of Eclectics in this state and what may they not do if only they *will* strong enough and long enough. Will they all unite and work for the success of our cause. Probably not, but the old proverb, united we stand divided we fall, is only half true. Some one in the dark days of uncertainty in the Continental Congress said, "We must hang together," and the witty and wise Franklin rejoined, "Yes, if we don't hang together we will most likely all hang separately." But the colonies had their torries who preferred the ease of office to the conflict for liberty and they had their Benedict Arnold. They were divided but they did not fall. Later our country was again divided and the conflict over slavery was long and doubtful. Even the north was not united, they had their "Butternuts," but the country did not fall. We have had our Benedict Arnolds and those who find it most agreeable to their little selfish souls to drift along at ease in the direction of least resistance. To have their thinking all done for them at the laboratory of some vaunted, very scientific and ethical patent medicine establishment. It is so easy to soothe their patients with coal tar remedies or some other hand-me-down all-ready-to-wear, guaranteed to fit, polly *materia medica* compound or thrust into their veins anti-toxin from some all ready to shoot, thoroughly sterilized, laboratory prepared tube. No matter if one does occasionally die of heart paralysis or blood poison there are plenty of friends in the profession ready to certify that the deceased was treated in the most approved scientific manner. But, these men are only barnacles or parasites. The hard working, conscientious, honest Eclectic must do this work in spite of impediments and in spite of the obstacles thrown in their way by politico-medical designers. Truth crushed to earth will rise again stronger and brighter for the experience. A rough gem must be polished by friction.

"Truth forever on the scaffold,  
Wrong forever on the throne  
Yet that scaffold sways the future  
And behind the dim unknown  
Standeth God within the shadow  
Keeping watch above His own."



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### **ABNORMAL PSYCHOLOGY AND PSYCHOTHERAPY.**

H. C. Solomon, Los Angeles.

Read before the Los Angeles County Eclectic Medical Society.

The subject of abnormal psychology is both large and important. A thorough understanding of this subject is most necessary for the treatment of psychic and functional diseases; but not here does its significance end. As a supplement to the study of normal psychology it is invaluable. Many are the conditions that can be better studied in the exaggerated conditions of abnormality than in the normal state. Further it is an important and perhaps necessary supplement to the doctor in the treatment of organic ailments, where physical and psychotherapy aid and support each other.

Notwithstanding its great importance, until comparatively recently very little work has been done along this line. The reason for this laxity has been twofold, first, the practical importance was not grasped, and, secondly, an efficient technique was wanting. More and more has the practical importance of the psychic element been literally forced upon the medical profession both by the successes of the hypnotizers, quacks, and faith cures, and by the researches and experiments of scientific men. The necessary technique has also been found in the use of *hypnosis, states of abstraction, crystal visions, automatic writing*, the experimental study on a scientific basis of hysteria and other mental diseases. The result is that today the importance of this point of view is being more and more understood, and its uses applied.

The men whose names are connected with the scientific study of these conditions and who have helped to place it on a scientific basis include those of Charcot, Lieaubault, Bernheim, Janet, Wetterstrond, Forel, Freud, Munsterburg, Prince, and others. Much has been done by these men in systematizing and explaining the conditions described. The work has been done chiefly by medical men, and hence with the view always in mind of the relation to Psychotherapy.

At the present we are living in what is practically the first period of the study. Most of the pioneers of this field are still alive and working. The result is that most of them have their own pet theories that they have worked out themselves as the result of much labor and experience, and in opposition to their colleagues. So we see a great diversity of opinion in regard to most of the theories. We find Bernheim explaining everything as due to suggestion. Then comes Janet, following somewhat in Charcot's footsteps, denying the universality of suggestion, and

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introducing the idea of the "retraction of the field of consciousness." Forel stands strong for the psycho-therapeutic merits of hypnosis, while Dubois opposes the use of it as dangerous and ridiculous. Freud advocates the method of psycho-analysis, and Sidis argues in favor of the hypnoidal state.

However, in spite of the apparently great diversity of opinion in regard to practice and theory, after a survey of the field I think that we will find that the greatest difference lies in the wording and the definition of terms. With the entrance of the new generation into the study of the conditions, who have the advantage of the work that has gone before, not only will the existing differences be cleared up but great advances are sure to follow.

It will now be our effort to briefly outline the work that has been done and give a survey of the field.

In the first place it becomes necessary to make a point of departure. For this purpose we will start by assuming the theory of psycho-physical parallelism, i. e., the correlation of the mind and body. We do this in spite of Forel's objection to this. Forel pleads strongly for the theory of monism, that body and mind are one and hence the same thing can not be parallel to itself. But however this may be from a metaphysical viewpoint, Forel when he stands out for monism means nothing different than the authors who speak of psycho-physical parallelism. The important point here is that there exists this close relation of mind and body.

In order to have thought it is necessary that there be physiological activity of the brain, a physical process. Further every sensation, every perception, every incoming nerve current makes its effect on the brain and this in turn affects the psychic life of the person. Many are the influences that work on us without our knowledge, perhaps changing our judgments, or altering our wills, or forming our ideas. It is not necessary that an influence be known to the personal consciousness in order to have an effect not only on the physiological structure of the brain, but also on the psychic life of the individual.

We have just indicated that all cerebration is not conscious, or at least not known to the personal consciousness. In defining consciousness we will follow Forel: personal consciousness is a purely subjective state that can only be realized through introspection, and is dependent on the physiological activity of the brain. If all cerebration is not realized in the personal consciousness, where is it realized? It is realized in the subconsciousness so-called.

But before entering into this discussion it were perhaps wise to explain our position as regards memory. How are the

phenomena of memory explained? There are three processes necessary for memory. First, there must be a registering of the impression in the brain, an altering of the brain in some way. Secondly, this impression must be conserved and kept in the brain. The last process is the reproduction, they again bring into function of these brain processes. Now an impression may be registered in the brain but if it is not conserved it cannot be obtained when it is wanted. As long, however, as the impression is conserved in the brain it is only necessary to have a sufficient stimulus to have reproduction. As time creeps on and there has been no stimulus to this centre, no reproduction, the associatory paths become weakened, inhibitions increase, and after a time the ordinary stimuli are not sufficient to cause a reproduction, but a stronger stimulus coming may produce this.

So we find that the ordinary sensations of life are stored in our brain in some unknown way, perhaps in chemical or physical changes in the composition of the fibres or cells of the brain. These may remain unused for years and then suddenly being excited be reproduced. Not only are the impressions of which we are conscious capable of being registered, conserved and reproduced, but often impressions of which our personal consciousness is unaware may function in this manner. As a proof of this: A person may be sitting in a room, absorbed in a book, while a conversation is being carried on. Ask him what was said and he will say that he does not know. Now hypnotize him and it is probable that he will be able to repeat the conversation. In other instances people are able to recall the whereabouts of lost or misplaced articles when in hypnosis or in states of abstraction. Here again the act may have been performed unknown to the personal consciousness, and yet be registered and conserved in the brain.

Similar conditions can be shown by crystal visions and automatic writing, but this is sufficient to make clear the point. There is still another set of impressions that are registered and conserved in the brain, and which have their influence on the acts of the individual. These are due to the functioning of the viscera, and of course are not capable of reproduction as are the others.

This condition has led to the conception of the conscious and subconscious mind, the conscious and subliminal, or as Forel terms it, the super- and hyper-conscious mind. But there is a great difference of opinion as to where the line of distinction should be drawn. On the one side are those that would have the subconscious mind the important factor in the functioning of the individual. In support of this view we find Worcester, the founder of the Emmanuel movement. A little less

radical we find others who put this mind into a secondary condition, but still very important in the mental life. In this camp are to be found the greatest number of authorities. At the other end of the scale we find Munsterberg.

To quote from him: "The story of the subconscious mind can be told in three words: there is none." But as he goes on to say, it takes many more words to make clear what he means by this. According to him all mental activity is accomplished by the physiological activity of the brain. Consciousness is simply a state of awareness, so whether this activity comes into the field of awareness, i. e., consciousness, is but a secondary matter, and hence there is no need of the conception of the subconsciousness. Now in the cases described, according to this author, it is not a matter of the submerging of the conscious mind and the free functioning of the subconscious, but rather the weakening of the inhibitions, in the special or artificial state. To this view Bramwell also seems to incline, and it must be admitted that it is at least possible, and even likely.

According to the other theory, we have present and functioning simultaneously the personal consciousness and the subconsciousness. In support of this theory, besides the facts already mentioned, is the fact that in certain abnormal conditions the subconscious mind may alternate with the conscious.

Much useful work is accomplished by the subconscious mind. All the functions of the viscera, with the exception of the reflexes, are controlled by this portion of the mind. Our habitual movements, which we make apparently unconsciously are performed in this way. Many are the flashes of thought, the ideas that suddenly come into consciousness as it were from nowhere, but in reality originating in the subconsciousness. This is the condition in normal minds. Where is the distinction of the normal and abnormal?

There is no sharp line of demarcation between the normal and the abnormal. What is normal in one person might be abnormal in another. According to Prince the normal mind is that mind which is best fitted physiologically, anatomically, and biologically to react to the environment. As we see this definition does not help us a great deal in saying which is normal or abnormal. As the normal we take the general average condition of society. Any deviation from this general average, when the mental condition of the individual is such that he is not best fitted to perform his functions, not able to properly orientate or differentiate his impressions and emotions, not able to fit into the scheme of society in which he finds himself, we say the condition is abnormal. When these deviations are marked, there is

no difficulty in recognizing them, but it is the intermediate states that are apt to confuse us.

These various abnormalities may be divided into four main groups, as a matter of classification to simplify the handling, though of course these groups are by no means exclusive. Conditions that are placed in one group may well be put in the other if another point is taken as the criterion for the classification. The groups suggested are, (1) motor phenomena, (2) sensory phenomena, (3) emotional phenomena, and (4) intellectual phenomena.

Under the heading of motor phenomena may be placed, chorea, tics, spasms, tremors, catalepsy, asphyxia, and aphasia.

In the next grouping of sensory phenomena will be placed, amaurosis, diplopia, akinesia, algesia, anesthesia, and illusions.

Among the emotional phenomena we place, dipsomania and other manias, fixed ideas, phobias, impulsions, obsessions, hallucinations.

In the last group of intellectual phenomena we classify, amnesia, alternations of personality and dissociations, auto suggestions, co-conscious phenomena, hypnosis, and somnambulisms.

In the case of tics, choreas, spasms and tremors, the control of the voluntary muscles becomes lost to the personal consciousness and the arms or legs or other parts move around without the subject being able to control them and often without his knowledge. The important part to note is that in all these cases the starting point was some emotion that the subject had. This may have been the result of a dream or bad news or what not, but after the emotional shock, this condition will be found to exist. Usually at the time of the shock this particular motion was being gone through. The control then of these particular voluntary muscles seems to be cut off from the personal consciousness.

In aphonia, aphasia and asphyxia the conditions are much the same. Although there appears to be no lesion in the brain and although the muscles are apparently in good condition, the power of functioning is lost. It can further be shown that this power is only lost to the personal consciousness, for often in sleep or in hypnosis, the subject who in the waking state is afflicted with aphasia will be able to talk. In these cases also it is some emotional shock that is always the starting point of the trouble.

Again in the sensory abnormalities we find the conditions much the same. The subject may be afflicted with amaurosis, or diplopia, and yet an examination of the eyes will show that there is nothing wrong with them as far as can be seen. Fur-

ther in these cases it can often be shown by little devices, such as the Letters of Snellen, or the Box of Fleece, that the vision is not affected, yet the subject seems to be suffering from a derangement of vision. Or the subject may have anesthesia, either localized or general. This will not bother the subject a great deal and often he will not be aware of it until told of it by the doctor. Further it is found that the subject is not bothered by the anesthetic part; it does not get burned or cut or frozen as is the case with people who have a lesion of the nerve. In this case, also, in sleep or in hypnosis, the anesthesia can be made to disappear, so we see that it is similar to the anesthesia that can be produced by suggestion in hypnosis.

In this place we might also speak of paralyses that are very similar to the conditions already described. In these cases there is no apparent lesion either in the brain or of the nerves. The reflexes are all normal, there is not the condition of atrophy that is usually found in cases of organic paralysis. The subject shows no concern in these cases, makes no effort to move the paralyzed part. Another great peculiarity of these cases is that the region paralyzed is not a physiological or anatomical region, but rather corresponds to the popular conception. Thus a paralysis of the hand will take the form of a glove, which is not in accordance to the course of the innervating nerves.

It is these conditions with a host of others, as tics of respiration and alimentation, somnambulisms, etc., that go to make up the condition that is called hysteria. In fact we find in this condition a simulation of all diseases. There are a few criteria, however, that help to differentiate the functional diseases from the organic.

We find these conditions occurring in people who have a nervous history. In all cases the start of the trouble was caused by a mental shock. This may have been preceded by some physical cause that gave a semblance of reality. Thus a case of paralysis was caused by a fall apparently, but the harm done by that fall was so slight that it was impossible to have been the cause. So when we trace the history further, we find that the little girl who was the subject received the fall in fight with another little girl, and it was the circumstances involved that made the trouble. Her mother had warned her not to fight, and in the fight she had soiled a new frock, so in addition to the anger provoked by the fight was the fear of the punishment for disobedience. Here then in the

mental condition was the stimulus that brought on the paralysis.

In almost every case we will be able to find that there is an emotion that starts the trouble. This emotion may be entirely unconscious, originating in a dream.

These facts lead to the conception that these are cases of psychic disorder, which react on the body. In explanation of these phenomena, Charcot claimed that they are due to suggestion. It is found that these subjects are very suggestible. Every one is more or less suggestible. At the sound of music the thought of dancing is suggested and the feet move involuntarily. Now in the subjects who have these troubles it is found that the suggestibility is greatly exaggerated. At the sound of music, not only do their feet move, but they get up and dance. So Charcot came to the conclusion that their troubles were all due to this exaggerated suggestibility. It was the exaggerated growth of an idea. When once convinced that they could not move their hand, it became paralyzed.

This idea of suggestibility as being the cause of all the trouble does not satisfy Janet, who can not see in it the explanation of an anæsthesia that is not recognized by the patient until told of it by the doctor. Neither does this satisfy him in accounting for the extreme absent mindedness or abstraction which is very common in these subjects. To explain these conditions he offers the idea of the retraction of the field of consciousness.

Ordinarily when a sensation or idea enters the field of consciousness, besides being recorded, it becomes associated with the great complex forming the personal consciousness. Thus every sensation or idea in the personal consciousness is related and associated with hosts of others, and each react on the other, forming inhibitions and reinforcements. Sensations of sight will call up sensations of the tactile sense, ideas, etc. This is the condition in normal minds. But when an idea enters into the narrowed field of consciousness, it does not awaken the many other ideas to act as checks and reinforcements, modifying the idea, but instead it goes on developing to the maximum.

Another and somewhat similar explanation is that there is a dissociation of the field of consciousness. In the normal condition as we have already seen there are connections and associations between the various ideas and sensations stored up in the brain, forming the personal consciousness. Now at times there will enter in an idea that does not become connected with the rest of the personal consciousness, or if con-

nected the associatory paths will become obliterated. Now as this is not connected with the rest of the personal consciousness, it will not ordinarily function, but will remain by itself, that is dissociated. Now suppose that a stimulus sufficiently strong to call it into activity is received, what happens? It functions, but as it is not connected with the rest of the personal consciousness, it functions alone.

Now to apply this conception to the conditions described. In the case of tics and choreas the control of the muscles has become dissociated from the personal consciousness, and they go on acting without relation to the rest of the organism, and can not be controlled by the personal consciousness. So in the other examples mentioned, the control of the voluntary function has become dissociated and can not be brought into play by it.

When we hypnotize the person, however, many of the inhibitions are removed and we get the associations in this hypnotic personality.

And now we can take up a consideration of the phenomena which are less characterized by physical demonstrations, but are more entirely psychic or mental. The conditions in all these cases we will find to be very similar and to be explained by dissociation.

Phobias, fixed ideas, impulsions and obsessions are closely related in their causes and demonstrations. We find that a person suffering from a phobia is afraid of a certain thing although they know that it will not harm them. A person suffering from agro-phobia will be afraid to cross an open field though they know that no danger lurks there. They are as much chagrined over their fear as others are impatient, yet they seem unable to overcome it.

The explanation of this condition is fairly simple. On examination it will be found that at some time in the person's life they experienced a shock or fright in crossing a field. This experience was engraved in the brain in the form of a complex, it was registered and conserved. It may be that the original experience had become entirely forgotten, but in these cases it can be often recalled in hypnosis, showing that it was retained. Now it is found in all these cases that the emotional tone is much stronger than an experience itself, and thus although the experience and all connected with it may be entirely forgotten, the emotional tone of fear will still remain. Then when this person approaches an open field, a sufficient stimulus is offered to bring up the emotional tone of fear. This complex seems to be dissociated from the personal conscious-

ness, so the subject has no control over it, but it functions unconsciously whenever the stimulus is given.

(It is in a case like this that we see that the discussion of the subconscious is merely one involving terms, not principles. It makes little difference whether we say that this complex is formed in the subconsciousness, and that its functioning is the functioning of the subconscious mind, or that it is a purely physiological activity (as Munsterberg would have it) that functions without the intervention of the consciousness, which is simply the state of awareness. This idea of the subconscious functioning of these complexes leads to all manner of arguments as to the field of the subconscious. We can arrive by this means to the conceptions of the co-conscious activity of the subconscious, or what not, but we will not enter into that discussion here as too theoretical.)

The important point that we arrive at here is that there is the formation of a complex outside of the field of consciousness. Here then we see a connection between this purely psychical condition and the others that we have already described, in both cases we find a dissociation of the consciousness. Another point that should be strongly emphasized is that the emotional tone is stronger than the memory of the experience itself. This is important in understanding that circumstances that are entirely forgotten may still greatly influence the mental condition of a person. It is also important in psycho-therapy, as will be brought out later.

Fixed ideas are of course practically the same as phobias, so what is true of the one is also true of the other. The same is also true of obsessions and impulsions. In the latter case a complex is formed apart from the personal consciousness, and when this is stimulated the subject feels an almost irresistible desire or impulsion to perform a certain act. Thus as a person is reading of a suicide the impression may become so strong that a complex of this sort is formed. After the memory of this particular suicide is long forgotten, the emotional tone may still persist, and the person may have a desire to commit suicide every time that this complex is stimulated, although nothing could be farther from the thoughts in the personal consciousness.

With this conception in mind we can have a kindlier feeling to those unfortunates who are dipsomaniacs, or dope fiends. In these cases it is found that a start was probably made in the manner of an experiment or for medical purposes, and then the complex formed. Thereafter although the person may have wished to quit it, he found that it was beyond his

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control. This is what is called a habit neurosis. When the act has been performed a few times it becomes habitual, that is it is performed without the connection of the personal consciousness. After a time it becomes so habitual and automatic that the personal consciousness is not even able to control it or stop it.

Amnesia at first sight might seem to be somewhat different from the other phenomena described, but it is very similar in its explanation. What really happens is that the connections or associations of these complexes, which are forgotten, become weakened or perhaps entirely destroyed, and inhibitions are formed. These complexes then simply become dissociated from the personal consciousness, and consequently are as if lost, for they can not be recalled at will. However, it may easily be shown through hypnosis, or abstraction, that they still exist conserved in the brain, and that it is only the connections that have been weakened.

Somnambulistic phenomena are extremely interesting in this connection. In these cases it is found that the subject after receiving some great shock will occasionally go into states that are different from those of the normal condition. In the popular conception it is sleep walking. The subject will go into a state of abstraction and while in this state will go through complicated acts. As a rule in this condition, the subject will live over the circumstances of the shock. While in this state he will be oblivious to all that is occurring around him, he is to all intents and purposes asleep. On coming out of this state he will have complete amnesia for the acts. In the simpler cases, it will only be a single idea that has possession of him. In the more complicated cases he will enact whole scenes and experiments. In other cases it takes the form of fugues, and the subject forgets all his life and runs away, living for weeks and months in this condition, being totally ignorant of his past life, and then he will awake in his former condition. On awaking he will have total amnesia for the intervening time.

Here again the conditions are the same. A complex is as the result of some shock. This complex may be of greater or less extent, but in any case it is dissociated from the personal consciousness. Now when this complex is stimulated it functions, but as we have seen it is dissociated from the personal consciousness, so all that happens during its functioning has no relation to the personal consciousness, and it knows nothing of it. When another stimulus is received that is strong enough to bring the personal consciousness into play, this



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other consciousness retires. There is no connection between them, so what happens in the one is not known in the other.

Multiple personality, alternating personalities, disintegrated or dissociated personalities—the terms refer to the same condition—is practically the same as somnambulism. In the case of disintegrated personality, the complexes may be more highly developed than in the other case. There may then exist two or more distinct personalities, each with complete amnesia for the other, or the case may be somewhat complicated by one of the personalities being aware of the states of the other. The number of cases of this sort is rather few, but they all indicate the same thing, namely that there is a dissociation of the consciousness.

The main point to be emphasized in all these cases is that there is a functional division in the state of consciousness. It makes little difference if we say that this is a retraction of the field of consciousness, narrowing down to one complex to the exclusion of the others, or that there is a dissociation of this field and that the complexes are separated from each other by a functional arrangement. In either case we see that there are formed in the brain certain complexes that are not connected with the rest of the field of consciousness by the ordinary associations, and hence are not brought into play as are the others. When a sufficient stimulus is received to cause a complex of this sort to function, it in its turn functions without stimulating the rest of the field. In this way it may run on greatly exaggerated, not having any associated ideas to act as inhibitions or reinforcements. Now the result will be just in the ratio of the magnitude of the complexes. If the complex is simply made up of a lone idea we will have a fixed idea, a phobia or an impulsion. As this complex becomes more complicated, the result will be a condition of somnambulism in which the person accomplishes complicated acts. It may go still further, reaching the condition of a multiple personality. In this condition the complex is so highly developed that it may act as a veritable consciousness and will increase in extent by the addition of new complexes.

These conditions then are entirely psychic in their nature, being an alteration in the functional arrangement of the brain. But these derangements have an effect far more reaching than a mere psychical one. As has been shown, the results may be shown in the physical alteration of the organism. Through these functional derangements there may result conditions that simulate all manner of organic diseases. It may be shown by trouble with the alimentation, with the sight, hearing, or

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any other function of the body. When these conditions exist, the person is said to be hysterical or to have hysteria. There are many secondary conditions that accompany this disease, as inability to fix the attention, weakness of the will, extreme suggestibility, or a tendency to abstraction, but the important point is that the subject has this retraction, or dissociation of the field of consciousness.

I think that if what has already been said is true, there can be no doubt that in all these conditions of abnormality, the underlying principle and cause is the same. It is due to a retraction of the field, or in other words a dissociation of the field of consciousness. The cause, as has already been stated, is a shock of some sort. It has often happened that this shock has happened as the result of an accident, chiefly railroad accidents. This has led to the use of the term traumatic neurosis. From this it would be supposed that the condition ensuing was the result of the physical accident. This is not the case. It is the emotional shock that causes the trouble. It will be seen at once that a railroad accident furnishes plenty of cause for such a shock.

The question naturally arises as to who is likely to be subject to these conditions. I think that everybody is more or less likely to have them, depending largely on the general state of health. There can be no doubt but that in this age of hurry and excitement that more nerve force is often expanded than the organism can well afford. Then there results a condition of general fatigue of the nerves, in which state the organism is more likely to be affected by a shock.

But in addition to this artificially created weakness, it is found that there are a great number of people who are in a very nervous state at best. These people make up the great army of the neurasthenics, psychosthenics, or they suffer from some form of psycho-neuroses—the terms mean the same. The tendency to this condition is inherited and is easily exaggerated. It is among these that the great number of abnormalities are found, and this history of neurasthenia is most important in the diagnosis.

It seems reasonable and logical that for the treatment of purely psychical or functional diseases, to use a psychical method. Certainly an amaurosis that exists only in the derangement of the associations of the mind can not be treated by drugs or other physical methods. What is left to us in these cases is the various methods of psycho-therapy.

By psycho-therapy is meant simply the treatment of the abnormal conditions by psychic methods. The technique used

varies practically in the hands of every one who uses it, but in every case the principle is the same.

First, let us take up the condition as in phobias, where as we have seen, the trouble is caused by the functioning automatically of complexes that have become separated from the field of the personal consciousness. In order to stop the trouble, it is necessary to prevent this complex from functioning. At first sight it would seem sane to try to eradicate this complex, but the trouble with this is that there is no way of doing this. A brain path once formed cannot be obliterated by artificial means. The way to overcome the condition is to form an inhibition that will prevent the former from functioning. This may be done by forming a complex in the opposite direction that will be strong enough to function when the other formerly would. In this way the complex that is detrimental to the welfare of the individual will be prevented from functioning. As an example: suppose a person is afflicted by a phobia for insects. It is usually sufficient to form a complex in the person's mind showing them that the insects are comparatively harmless, and that they are performing duties of nature in destroying decaying matter, etc.

In some cases it is necessary to find the cause of the trouble in order to counteract the disturbances. It is necessary to convince them of the error of their views. But in any case the principle is the same: to inhibit the troublesome complex from functioning.

We can now turn to the other cases, where the trouble is due to the control of a function being lost to the personal consciousness through a dissociation. In this case it becomes necessary to synthesize this complex controlling the function, and which has become dissociated to the personal consciousness. In other words it is necessary to form associative paths between the dissociated complex and the personal consciousness, or at least to strengthen those that have become so weakened that they no longer function.

The cure in the two cases then are brought about by different corrections. In the first instance it was by inhibiting the complexes from working; and in the second, by a synthesis. But in both cases the same thing is accomplished, the action of the dissociated complex is stopped.

Now as to the technique used in accomplishing these results. This is purely a matter of personal opinion. In the first instance it is necessary to get a person into a condition in which they will readily form the complex desired for their cure. The exponents of hypnosis will say that the hypnotic condition is ideal for this purpose. The subject is easily suggestible, and

the complexes thus formed without the objection and doubts of the subject will function after awaking. There are, however, a great number of people who cannot be hypnotized, and hence this method could not be used in their case.

Sidis prefers the use of the hypnoidal state, as he calls it, in that everyone can be brought into this condition, and further he claims it is less artificial. The hypnoidal state as he uses the term, is simply a condition of extreme abstraction and lassitude. In this condition the subject is said also to be very suggestible. In reality it is just on the borderland of hypnosis.

Dubois goes one step further and wants the use of no artificial state. He treats the patient in their normal conditions, and builds up the complexes by logical argument and the sane discussion of their condition, and the principles of abnormal psychology.

In the second case where it is necessary to form a synthesis, the same methods are applicable. As we have seen it is simply necessary to get the associatory paths that have become weakened to function. In the hypnotic state, it is possible to get paths to function that ordinarily are too weak. In this way in hypnosis the paths may be strengthened through use and suggestion.

Here again Dubois will tell us that this is entirely unnecessary and that it is only necessary to convince the patient wherein the trouble rests, and get them to make an effort to overcome it. It is necessary to get them to fix their attention on this point very intently in order to overcome it. But this is a very difficult thing to get a hysteric to do, and it takes a man with a very strong personality to accomplish this feat, and it is not every physician that is blessed with such a personality, as is Dubois. Hence it will be seen that this method is not practicable to all. Fortunately the trouble of not being able to hypnotize the person is not frequently met with in this connection, as most hysterics are easily hypnotized.

I believe that from the preceding discussion it is evident that the functional abnormalities can all be reduced to a common principle, to the derangement of the ordinary associations of the mind. In other words it is due to a dissociation, or the cutting off of the connections of certain complexes from the field of the personal consciousness. The results to the functioning of the organism caused by this are many and diverse, but the underlying principle is the same.

As the cause of the trouble may be narrowed down to one principle, so is the principle of the correction the same. It is simply necessary to prevent the independent functioning of com-

plexes that have been separated from the personal consciousness.

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#### CRATAEGUS AT LAST ESTABLISHED.

By Herbert T. Webster, M.D., Oakland, Cal.

According to the *Medical Times*, Dr. Thos. F. Reilly has at last established this agent as a reputable remedy in old school medicine. Our friends of that persuasion are slow, but they sometimes get there. It requires forty or fifty years in some instances, but in this case they are only twelve or fourteen years behind the times.

In order to "test the value claimed by sectarian schools" in cardiac disorders he has used it rather extensively within the past two years. He has found it of decided benefit in a few cases of non-compensatory valvular disease, in which there was an idiosyncracy to the use of digitalis. He finds that it has no decided diuretic action, nor does it raise the blood pressure to any appreciable extent. He concludes that it is a mild cardiac tonic applicable to weak and irritable cardiac conditions following grip or attending neurasthenia with marked arythmia of the respiratory type, where digitalis and remedies of its type are badly borne. This is often, he remarks, a result of the digestive disturbance they so frequently entail. Here crataegus often acts surprisingly well. It can do no harm in aortic disease and is worthy of trial in these troublesome cases. In fatty degenerations and in heart lesions associated with high arterial tension it should be a useful agent. Bully for Dr. Reilly. His ideas of dosage, however, are still in the uncrystallized form—a little crude. He recommends from ten to thirty *minims* of a good fluid extract, or a dram of the tincture at a dose, and recommends its combination with the bromides. Those everlasting bromide combinations will not yet down.

It is considerable of a condescension to credit the use of

this remedy to sectarian schools. Formerly when such an exploitation was made it was through the "introduction" of a new remedy. The "sectarian" schools are attracting more and more attention, and are beginning to receive a little credit from the bigwigs in monopolistic medicine. If the Doctor will kindly omit his bromides and lessen his doses he will get nearer the proper status. He will find much better results from crataegus than he has already derived. But it takes time.

**THE ECLECTIC LEAGUE FOR DRUG RESEARCH.**  
**DIOSCOREA VILLOSA.**

Specific Indications:—*Abdominal pain accompanied by spasmodic muscular movements, heat and tenderness, the tongue being coated and reddened at the tip.*

Dioscorea is our most certain antispasmodic and sedative in irritative and sub-acute inflammatory lesions of the abdomen. It was originally advanced as a specific for bilious colic, for which it still stands supreme; the coated tongue, yellow conjunctiva and disturbed digestion being indicative.

A sinking feeling in the pit of the stomach has been given as an indication.

The pain and the character of the discharges have been variously described, the indications here not being clear. Some say the pains are sharp and sudden, shifting even to the leg or distant parts of the body; others, that the pains are steady but remitting in severity; that support and quiet give relief—or the opposite, the pains being increased by lying quiet and by mental effort; that the pain is worse before stool and in the morning. Some describe the stool as profuse and watery, others as scant, dysenteric in character.

Certain conditions, however, seem constant in the cases best remedied by this drug. There is always spasmodic pain, tenderness or pressure, nausea or vomiting, frequent painful stools, and evidences on the tongue and skin of irritation bordering on inflammation, if such is not actually present.

To me the cases in which it has appeared the most beneficial have had a history of indigestion or stomach derangement following a sedentary life with rich diet and constipation, or they have appeared among drinkers and irregular eaters, and in several cases of chronic appendicular inflammation, attacks were always brought on by debauches. A few days treatment with Dioscorea and Kali Chloride to prevent effusion and adhesions, and to promote absorption, invariably have brought relief. This to the detriment of my purse.

Ellingwood claims that it acts best in cases having a malarial history.

It has been claimed by Sovernheim that Dioscorea and Colocynth both act on the same plexuses in the abdomen, the one as a sedative, the other as a stimulant, this explaining the difference in their action and pointing out the cases for each. That Dioscorea affects the whole abdominal cavity, not to mention its use throughout the body, is evidenced by its usefulness in such diseases as cholera morbus and infantum, diarrhoea and dysentery, appendicitis, gall-stones (infective cholangitis), gastric and hepatic derangements, dysmenorrhoea, ovarian neuralgia, after-pains, peritonitis, etc. It has been advocated also in nocturnal emissions of the plethoric type, but usually other remedies are indicated.

In gall-tone colic Abbott writes that he began the use of the remedy in cases where the pain had first been benumbed by other agents, not having confidence in the remedy at first. In such cases he has found it to do excellent service and his use of the drug has steadily widened to dysmenorrhoea, and kindred conditions showing the indications of pain, tenderness and spasmodic action.

Recently several authors have advised the use of the drug hypodermically. In appendicitis thus employed, I have so far found it to ease the pain and control the inflammation. Atropine is associated if the febrile tension is high, and Aconite, Veratrum, Bryonia or Kali Chloride is employed internally as indicated. These with heat locally and mild agents internally and by rectum for evacuating the bowel, have given me excellent results in appendicitis and I believe they will safely control most cases of the disease. I have made it a rule to follow up with several weeks' treatment with Dioscorea and Kali Chloride to absorb adhesions and prevent recurrences. This I keep up as long as there is tenderness on pressure over the appendix; or the tip of the tongue shows irritation. The diet meanwhile is regulated, avoiding irritating and rich foods.

Hypodermically the average dose is five drops repeated at intervals of fifteen minutes for acute pain. Internally the dose is one to ten drops of the Specific Medicine or Fluid Extract; 1-6 to 1 grain of Dioscorein. The action in purely spasmodic affections is speedy, one to two hours generally controlling the wrong. In inflammatory conditions longer administration is required. Many writers claim that the smaller dose is preferable.

Study for July, Staphisagria; August, Collinsonia; September, Xanthoxylum. Reports from physicians are solicited.

Tucumcari, N. M., June, 1910.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

## MEDICAL SCHOOLS.

Our attention has just been called to an article in *Colliers* (Page 16, June 11, 1910) entitled "Poor Physicians, Mercenary Medical Schools." Said article masquerades as an editorial, but it is such a subtle perversion of the truth that we are loath to believe such to be its parentage. However, it may be that *Colliers* was the "midwife in charge of the case." In all fairness it should be stated that the apparent author carefully refrains from making a "live" statement of his own; all such being referred to an Abraham Flexner, a layman quite well but not too favorably known by most of our readers. While not presuming to answer all of the arguments presented—many of them do not concern Eclectics directly—we shall touch upon some of them as proof of the statements above made, even though the author does dare anyone to "yell liar."

Section 1 is an argument that there are too many medical men in this United States, and the writer clinches the argument by the statement that "they are four or five times as numerous as in older countries like Germany." The intention is to convey to the laity the idea that the doctors are a burden upon the people, and to the doctors the idea that their incomes will increase in the exact ratio as their numbers decrease. The fact is utterly ignored that in Germany all of the



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obstetrics and much of the family practice is done by midwives. In reading the signs of Berlin, one reaches the conclusion that there are many more midwives than doctors in that city, and that the midwives are the more prosperous.

Section 2 alleges that the greater part of our graduates come from the "commercial medical colleges" and therefore they are ill trained. No argument or fact is presented.

Section 3 states that it takes more laboratory equipment and more money to educate medical men now than it did a score of years ago; and, further down is compared the laboratory facilities and incomes of a number of colleges. However, the number of students in each college is omitted, and the argument falls of its own weight for the lack of a keystone.

The idea is conveyed also that a doctor will not teach a student his profession except for money, whereas everybody knows that a doctor does more work for charity and the wish to help than does a man in any other profession or calling. The suggestion is the basest slander.

Section 4. "The existence of many of these unnecessary and inadequate medical schools has been defended by the argument that a poor medical college is justified in the interest of the poor boy. It is clear that the poor boy has no right to go into any profession for which he is not willing to obtain adequate preparation," etc. Passing over the first sentence, which is supercilious assumption, we come to the real argument—the meat of the cocoanut. Let us write this next sentence again with a slight modification of the text. "It is clear that no boy has a right to go into any profession for which he is not willing to obtain adequate preparation." That is better—it does not smack so much of prejudice and social caste. Now the question: What is an adequate preparation for the practice of medicine? And the answer to this is: It all depends upon the kind of people for whom the doctor is to work. A Harvard graduate ought to be a success among the cultured of Boston; but what is he among the mountaineers of Kentucky or Tennessee? A failure! On the other hand, a mountaineer may be a graduate of a night medical school and be a success among his own people; a success not only financially, but in actually curing their diseases. Quite rapidly each man will gravitate to his own, even if he have not enough sense to do it at once. The idea is that while the A. B. man is a necessity in a way, yet it is a very small way, for he can never hope to "get in touch" with more than a fraction of the people. Just at present we have one class of medical colleges graduating men of a certain standard and

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## CALIFORNIA ECLECTIC MEDICAL JOURNAL.

another class of colleges graduating men of another standard. Each standard will fit a certain class of the people and no other; and it is senseless to say that one standard is better than another. It is the usual question of demand and supply. Furthermore, what business is it of Abraham Flexner or any doctor in Massachusetts what standard the doctors in Georgia adopt? We are aware that the usual answer is the protection of the people, but who appointed us the sole guardian of the dear people even in our own state? Who ever heard of the people asking for medical laws?

In this state all such laws have been passed upon the insistence of the allopathic members of the profession and designed primarily to lessen competition. The scheme originally was to kill off the independent colleges by having the State Board of Examiners give a very strict examination and thus fail their graduates. Upon trial, however, they received better grades than the average. Now it is claimed that a man's fitness to practice cannot be determined by an examination because the applicants stuff with a compend, all of which is nonsense. The practice of medicine is not contained in any compend or set of compends. Your successful practitioner has no use for such books.

The remainder of the article is divided in thought. One idea is an indirect plea in favor of vivisection—a practice which many able men, even in the allopathic school, consider a blight upon the profession; and the other idea is an unfair comparison among various colleges. Throughout the entire article the fact that the people have a right to the services of whomsoever they please is entirely ignored. It is a form of paternalism rampant in Germany and growing very rapidly among us.

All in all it is such an article as an attorney would present for a client, and we are surprised and grieved that Colliers should forget that there are always two sides to a case.

### SOCIETY CALENDAR.

National Eclectic Medical Association meets in Boston, Mass., June 28, 29, 30, and July 1, 1910. Dr. G. W. Thompson, New York City, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California, meets in Los Angeles, May 24, 25 and 26, 1910. John Fearn, M.D., Oakland, Cal., President; J. Park Dougall, M.D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in

**CALIFORNIA ECLECTIC MEDICAL JOURNAL**

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Los Angeles on May 10, 1910. A. P. Baird, M.D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. James Beard, M.D., Los Angeles, Cal., President; P. M. Welbourn, M.D., 818 Security Bldg., Los Angeles, Secretary.

**LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.**

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday evening, June 7th, at the usual hour and place.

The application of Dr. C. W. Ray, Whittier, for membership was received and voted upon. A unanimous vote was cast for his election.

Dr. J. G. Thompkins, San Francisco, was a visitor.

Dr. J. C. Solomon, the regular essayist for the evening, was not prepared, but presented his son, H. C. Solomon, who read a very interesting and exhaustive paper on "Abnormal Psychology and Psycho-Therapy." This was followed by a very thorough discussion by the various members.

The next meeting will be on July 5th, at 8 p. m., at the college. Dr. Holton will read a paper and Dr. Lawrence will furnish a clinical report.

Adjournment.

P. M. WELBOURN, M.D., Secretary.

JAMES BEARD, M.D., President.

**NEWS ITEMS.**

Dr. J. A. Munk, accompanied by his niece, Miss Grace Munk, left on June 18 for Boston to attend the meeting of the National. They expected to join the Cincinnati party in that city. On the return trip they will visit the Yellowstone Park and various points in Washington and Oregon.

Dr. L. J. Peterson, Lompoc, has presented a goodly number of books to the College, which are greatly appreciated and will be put to good use by the students.

Dr. A. D. Tilden, Riverside, accompanied two surgical cases to the Westlake Hospital recently and has made additional visits since the operations.

Mrs. Charles (nee Miss Ella Shiela) who will be remembered by many members of the profession as the first superintendent of the old Deaconess Hospital, died in Long Beach recently.

Dr. J. C. Reinsmidt, El Paso, Texas, is spending some time in the city and will probably locate here in the near future.

Dr. Hanna Scott-Turner, Pomona, was in the city recently and is much improved in health.

A doctor in Southern California would like to be relieved from practice for two months during the summer. He writes that the practice is dull but he is willing to pay a man \$100.00 per month for his services.

Another one of our brothers, who has a fine practice and sanitarium in the state of Washington, is obliged to dispose of same on account of ill health. Yearly income of the practice and sanitarium is about \$7000. This offer includes ten acres of A No. 1 fruit land.

#### READING NOTICES.

#### THE IMPORTANCE OF STANDARDIZATION.

The vegetable drugs used in medicine cannot always be grown under the same conditions. The soil, the season, the gathering time, the temperature—these are variable factors. Consequently, one cannot reasonably expect that the amount of medicinal substances in root, leaf, bark or seed will be constant. Two lots of digitalis leaves may look exactly alike to the inexperienced botanist, yet in content of active principle they may differ widely. As a matter of course, preparations of drug-plants must be variable in strength if made according to the antiquated method whose basic idea is that one kilo of crude drug will produce one liter of fluid extract. Suppose that the two lots of digitalis leaves referred to were extracted or percolated by the same operator, in the same manner, and during the same period of time. Would the products be of equal therapeutic activity? Obviously not. In each case the drug would be made to yield one liter of fluid extract, but this very fidelity to pharmacopoeial direction would carry over to the finished product the inequalities present in the crude drug.

The only way to secure uniformity in drug products is to standardize them—in other words, to adjust them to definite strength by systematic assay, chemical or physiological. This principle is now pretty well recognized by our leading pharmaceutical manufacturers. In fact, it is to one of the manufacturers, in all probability, that modern medicine owes much of its scientific character. Reference is here made to Messrs. Parke, Davis & Co., who were the first to enter the fields of both chemical and physiological assay and who have practiced and preached standardization for a third of a century.

It is a healthful sign that the medical practitioner of today is giving serious thought to the subject of quality in medicinal preparations, for it is a logical assumption that the

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**THE IMPORTANCE OF STANDARDIZATION.**

(Continued from page 194.)

pharmaceutical market contains many therapeutic agents of very doubtful value. The physician has an obligation to himself and to his patient—an obligation which does not cease with the mere writing of a prescription. His further duty lies in assuring himself that the best quality of drugs shall be used in the compounding of that prescription. And this duty is performed through specification of the brand—a brand that he knows is reliable.

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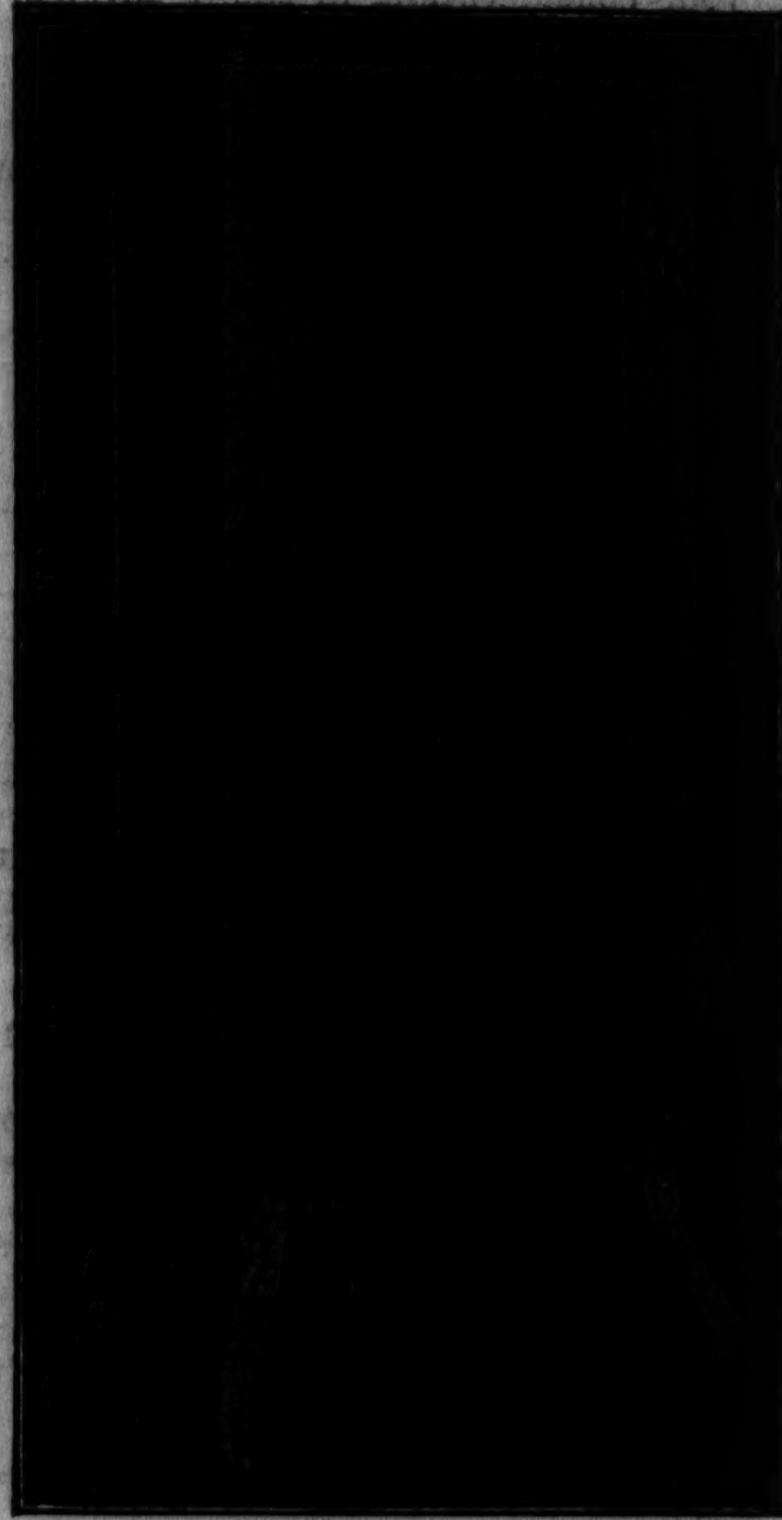
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